



OFFICE OF ADMINISTRATION ADMINISTRATIVE POLICY

POLICY TITLE: Exit ProceduresExit Procedures		AUTHORIZED BY:	
POLICY:	B-22	PAGE:	1 of 1
ISSUED:	January 12, 1987	REVISED:	April 2004

I. General Statement

Each Office of Administration employee is required to return any state property in his/her possession at the time of terminating employment with the department and will be given the opportunity to complete an exit interview survey. Employees who fail to return state credentials and property may have the issuance of their final paycheck delayed.

II. State Property

Office of Administration supervisors are responsible for ensuring that employees under their supervision return the following items of state property upon termination of employment:

- A. Identification badge,
- B. State credit cards,
- C. Keys to buildings, offices and equipment,
- D. Parking tag, and
- E. All state property in the employee's possession (cell phone, pager, calculators, computers, etc).

Supervisors of separating employees must cancel the employee's access to the OA Network including all computer systems and e-mail account(s). Supervisors should also ensure that after-hours access to all state offices/buildings is revoked.

III. Exit Interview Surveys

The Office of Administration requests that employees who separate from OA complete an exit interview survey. The completion of the survey is voluntary.

The Office of Administration, Human Resources Section, will conduct the exit interview personally or mail exit interview survey forms (see attachment) to the employee's home address along with a self-addressed, stamped envelope. In order to facilitate timely surveys, OA divisions/agencies should inform the OA Human Resources Team as soon as an impending separation from employment is known.

The Human Resources Section will review information from completed surveys and will work with the Commissioner, Deputy Commissioner and Division Directors to address issues that are raised.



STATE OF MISSOURI

OFFICE OF ADMINISTRATION

EXIT INTERVIEW SURVEY

INSTRUCTIONS

This form is to be completed by employees who separate from service with OA. It may also be completed during an exit interview with the **Human Resources Office**. For those employees filling out this form in lieu of a person to person interview, this form should be completed within several days of receipt and mailed directly to the **Human Resources Office** marked **"CONFIDENTIAL"** to the following address:

STATE OF MISSOURI
OFFICE OF ADMINISTRATION, COMMISSIONER'S OFFICE
TRUMAN BUILDING ROOM 840, PO BOX 809
JEFFERSON CITY, MO 65101
ATTENTION: HUMAN RESOURCES

NAME

DATE

CLASS TITLE

DIVISION/SECTION

EDUCATION LEVEL

☐ HIGH SCHOOL GRADUATE/GED

☐ ASSOCIATE'S DEGREE

☐ MASTER'S DEGREE

☐ BACHELOR'S DEGREE

☐ OTHER ► _____

TYPE OF SEPARATION

☐ RESIGNATION

☐ RETIREMENT

☐ OTHER ► _____

REASON(S) FOR SEPARATION (Mark all that apply.)

☐ 1) ADVANCEMENT OPPORTUNITIES

☐ 8) PERFORMANCE MANAGEMENT SYSTEM

☐ 2) BENEFITS

☐ 9) PERSONAL RELATIONSHIP(S) WITH CO-WORKER(S)

☐ 3) GEOGRAPHIC LOCATION OF THE JOB

☐ 10) SALARY/GENERAL COMPENSATION

☐ 4) IMMEDIATE SUPERVISOR

☐ 11) TRAINING I RECEIVED

☐ 5) JOB/WORK ITSELF

☐ 12) UPPER LEVEL MANAGEMENT

☐ 6) JOB STRESS

☐ 13) WORKING CONDITIONS

☐ 7) ORGANIZATION RULES/POLICIES/PROCEDURES

☐ 14) OTHER ► _____

RANK YOUR TOP REASONS FOR SEPARATION

NUMBER ONE ► _____

NUMBER TWO ► _____

NUMBER THREE ► _____


NUMBER FOUR ► _____

NUMBER FIVE ► _____

NUMBER SIX ► _____

ADDITIONAL COMMENTS (Attach additional sheet(s) as necessary)

(More on Back →)

RATE THE FOLLOWING		GOOD	FAIR	POOR	NA/DON'T KNOW	
COMMUNICATION (CURRENT KNOWLEDGE OF DEPARTMENT ACTIVITIES, ACCESS TO ADMINISTRATIVE MANUAL, PROCEDURES)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
YOUR-ON-THE-JOB TRAINING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PHYSICAL WORKING CONDITIONS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
JOB SATISFACTION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROMOTIONAL OPPORTUNITIES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COOPERATION WITHIN YOUR WORK UNIT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RATE OF PAY FOR YOUR JOB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MISSOURI STATE MEDICAL CARE PLAN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RETIREMENT PLAN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIFE INSURANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISABILITY BENEFITS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PAID HOLIDAYS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PAID VACATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PAID SICK LEAVE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS (Attach additional sheet(s) as necessary) <hr/>						
RATE YOUR SUPERVISOR/MANAGER		USUALLY	SOME-TIMES	NEVER	NA/DON'T KNOW	
DEMONSTRATED FAIR AND EQUAL TREATMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SHOWED CONCERN FOR YOU AS A PERSON AND AS AN EMPLOYEE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROVIDED RECOGNITION TO EMPLOYEES ON THE JOB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DEVELOPED COOPERATION AMONG EMPLOYEES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PROVIDED YOU DEFINITIVE PERFORMANCE EXPECTATIONS FOR YOUR JOB		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GAVE ADEQUATE FEEDBACK ABOUT YOUR JOB PERFORMANCE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SET A GOOD EXAMPLE BY HIS/HER WORK HABITS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RESPONDED APPROPRIATELY TO REQUESTS FOR INFORMATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ADDITIONAL COMMENTS (Attach additional sheet(s) as necessary) <hr/>						
EMPLOYEE'S SIGNATURE				DATE		
						
INTERVIEWER'S COMMENTS/OBSERVATIONS (Attach additional sheet(s) as necessary) <hr/>						
INTERVIEWER				DATE		
TO BE COMPLETED BY HUMAN RESOURCES OFFICE						
DATE OF HIRE	TERMINATION DATE	TIME IN PRESENT JOB	TOTAL STATE SERVICE	GENDER	RACE CODE	EEO CODE